

		FOR OHF USE					

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**2003**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC AID**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2003)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION  
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY  
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE  
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE  
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL  
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM  
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0026237</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>	
<b>Facility Name:</b> <u>Glenview Terrace Nsg Ctr</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/03</u> to <u>12/31/03</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.	
<b>Address:</b> <u>1511 Greenwood Road</u> <u>Glenview</u> <u>60025</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.	
<b>County:</b> <u>Cook</u>		<b>Officer or Administrator of Provider</b> (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____	
<b>Telephone Number:</b> <u>(847) 729-9090</u> <b>Fax #</b> <u>(847) 729-9135</u>		<b>Paid Preparer</b> (Signed) _____ (Date) _____ (Print Name and Title) <u>Noshir R. Daruwalla, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u>	
<b>IDPA ID Number:</b> <u>362846112001</u>		<b>MAIL TO: OFFICE OF HEALTH FINANCE</b> <b>ILLINOIS DEPARTMENT OF PUBLIC AID</b> 201 S. Grand Avenue East Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630	
<b>Date of Initial License for Current Owners:</b> <u>11/01/75</u>			
<b>Type of Ownership:</b>			
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____		<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	
<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
<b>In the event there are further questions about this report, please contact:</b> <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>			

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237 Report Period Beginning: 01/01/03 Ending: 12/31/03

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>305</u>	Skilled (SNF)	<u>305</u>	<u>111,325</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>305</u>	TOTALS	<u>305</u>	<u>111,325</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>22,118</u>	<u>18,816</u>	<u>11,459</u>	<u>52,393</u>	8
9	SNF/PED					9
10	ICF	<u>25,513</u>	<u>8,271</u>	<u>10</u>	<u>33,794</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>47,631</u>	<u>27,087</u>	<u>11,469</u>	<u>86,187</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 77.42%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)N/A

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 12/1/75

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date \_\_\_\_\_ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter numberof beds certified 305 and days of care provided 11,452Medicare Intermediary Mutual of Omaha

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number Glenview Terrace Nsg Ctr

# 0026237

Report Period Beginning: 01/01/03

Ending: 12/31/03

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	431,188	130,618	7,260	569,066		569,066	(2,253)	566,813			1
2	Food Purchase		448,298		448,298	(82,344)	365,954	(1,619)	364,335			2
3	Housekeeping	442,512	78,143	242	520,897		520,897	14,811	535,708			3
4	Laundry	213,301	42,429		255,730		255,730	(7,427)	248,303			4
5	Heat and Other Utilities			300,426	300,426		300,426	4,467	304,893			5
6	Maintenance	158,594	70,730	137,858	367,182		367,182	(15,256)	351,926			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	1,245,595	770,218	445,786	2,461,599	(82,344)	2,379,255	(7,277)	2,371,978			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			82,000	82,000		82,000		82,000			9
10	Nursing and Medical Records	4,232,734	229,460	85,392	4,547,586		4,547,586	(17)	4,547,569			10
10a	Therapy	466,112	6,192		472,304		472,304		472,304			10a
11	Activities	281,734	33,000	2,548	317,282		317,282		317,282			11
12	Social Services	380,278	2,317	2,400	384,995		384,995		384,995			12
13	Nurse Aide Training											13
14	Program Transportation			746	746		746		746			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	5,360,858	270,969	173,086	5,804,913		5,804,913	(17)	5,804,896			16
	<b>C. General Administration</b>											
17	Administrative	297,643		593,532	891,175		891,175	(362,262)	528,913			17
18	Directors Fees											18
19	Professional Services			600,721	600,721		600,721	(417,102)	183,619			19
20	Dues, Fees, Subscriptions & Promotions			389,405	389,405		389,405	(350,447)	38,958			20
21	Clerical & General Office Expenses	203,031	8,722	241,627	453,380		453,380	43,746	497,126			21
22	Employee Benefits & Payroll Taxes			1,366,287	1,366,287	82,344	1,448,631	(75,342)	1,373,289			22
23	Inservice Training & Education											23
24	Travel and Seminar			16,730	16,730		16,730	583	17,313			24
25	Other Admin. Staff Transportation			1,688	1,688		1,688		1,688			25
26	Insurance-Prop.Liab.Malpractice			446,068	446,068		446,068	1,242	447,310			26
27	Other (specify):*							65,415	65,415			27
28	<b>TOTAL General Administration</b>	500,674	8,722	3,656,058	4,165,454	82,344	4,247,798	(1,094,167)	3,153,631			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,107,127	1,049,909	4,274,930	12,431,966		12,431,966	(1,101,461)	11,330,505			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## STATE OF ILLINOIS

Page 4

Facility Name & ID Number Glenview Terrace Nsg Ctr

#0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			108,585	108,585		108,585	1,244,453	1,353,038			30
31	Amortization of Pre-Op. & Org.							17,835	17,835			31
32	Interest			227,218	227,218		227,218	872,811	1,100,029			32
33	Real Estate Taxes							431,394	431,394			33
34	Rent-Facility & Grounds			1,800,000	1,800,000		1,800,000	(1,800,000)				34
35	Rent-Equipment & Vehicles			22,416	22,416		22,416	(4,101)	18,315			35
36	Other (specify):*							73,155	73,155			36
37	<b>TOTAL Ownership</b>			2,158,219	2,158,219		2,158,219	835,547	2,993,766			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	490,601	628,141		1,118,742		1,118,742		1,118,742			39
40	Barber and Beauty Shops	442		823	1,265		1,265		1,265			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			166,988	166,988		166,988		166,988			42
43	Other (specify):*	168,445		12,480	180,925		180,925	(180,925)				43
44	<b>TOTAL Special Cost Centers</b>	659,488	628,141	180,291	1,467,920		1,467,920	(180,925)	1,286,995			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,766,615	1,678,050	6,613,440	16,058,105		16,058,105	(446,838)	15,611,267			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Glenview Terrace Nsg Ctr

# 0026237

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(216)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	295,100	30		9
10	Interest and Other Investment Income	(168,762)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,403)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(186)	21		18
19	Entertainment				19
20	Contributions	(21,989)	20		20
21	Owner or Key-Man Insurance	(75,342)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(110,431)	21		24
25	Fund Raising, Advertising and Promotional	(33,381)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(17,241)	20		28
29	Other-Attach Schedule	(621,062)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (754,912)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	308,074		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 308,074		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (446,838)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Glenview Terrace Nsg Ctr

0026227

Report Period Beginning: 01/01/03

Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES			Amount	Reference
1	Bank Charges	\$	(5,850)	21 1
2	Credit Card Fees		(20,664)	21 2
3	Public Relations		(176,344)	20 3
4	Late Charges		(111)	32 4
5	Admin. Consultant		(4,800)	19 5
6	Prior Year and Non-Care Legal Fees		(8,115)	19 6
7	Capitalized R&M		(20,030)	6 7
8	Drivers & Cars		(151,454)	43 8
9	Non-Allowable Auto Lease		(15,052)	25 9
10	Misc. Income		(1,910)	21 10
11	Duty Duty Income		(17)	10 11
12	Rebate		(7,427)	4 12
13	Rebate		(7,427)	1 13
14	Bldg Co - Accounting Fees		(71,810)	19 14
15	Bldg Co - Bank Charges		(100)	21 15
16	Bldg Co - Licenses & Fees		(980)	20 16
17	Non-Care Depreciation		(973)	30 17
18	Chamber of Commerce Dues		(1,370)	20 18
19	Marketing Salaries		(125,471)	43 19
20	Legal - RE appeal on unused land		(3,009)	19 20
21				21
22				22
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98				98
99				99
100				100
101	Total		(621,062)	101

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	(7,427)		5,174									(2,253)	1
2	Food Purchase	(1,619)											(1,619)	2
3	Housekeeping			14,811									14,811	3
4	Laundry	(7,427)											(7,427)	4
5	Heat and Other Utilities			4,467									4,467	5
6	Maintenance	(20,030)		4,774									(15,256)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(36,503)</b>		<b>29,226</b>									<b>(7,277)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(17)											(17)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(17)</b>											<b>(17)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative				(18,680)	(97,666)	(100,549)	(145,367)					(362,262)	17
18	Directors Fees													18
19	Professional Services	(86,934)	71,010	(404,954)	426	1,200	2,088	62					(417,102)	19
20	Fees, Subscriptions & Promotions	(351,213)	980	595	(812)			3					(350,447)	20
21	Clerical & General Office Expenses	(139,151)	110	175,431	6,062	1,285		9					43,746	21
22	Employee Benefits & Payroll Taxes	(75,342)											(75,342)	22
23	Inservice Training & Education													23
24	Travel and Seminar			390	193								583	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			1,242									1,242	26
27	Other (specify):*			47,660	14,145	977	2,474	159					65,415	27
28	<b>TOTAL General Administration</b>	<b>(652,640)</b>	<b>72,100</b>	<b>(179,636)</b>	<b>1,334</b>	<b>(94,204)</b>	<b>(95,987)</b>	<b>(145,134)</b>					<b>(1,094,167)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(689,160)</b>	<b>72,100</b>	<b>(150,410)</b>	<b>1,334</b>	<b>(94,204)</b>	<b>(95,987)</b>	<b>(145,134)</b>					<b>(1,101,461)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number    Glenview Terrace Nsg Ctr#    0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	294,127	935,602	14,708				16					1,244,453	30
31	Amortization of Pre-Op. & Org.		14,697	3,138									17,835	31
32	Interest	(168,873)	1,019,853	21,901	(70)								872,811	32
33	Real Estate Taxes		421,487	9,907									431,394	33
34	Rent-Facility & Grounds		(1,800,000)										(1,800,000)	34
35	Rent-Equipment & Vehicles	(10,082)		5,981									(4,101)	35
36	Other (specify):*		73,155										73,155	36
37	<b>TOTAL Ownership</b>	115,172	664,794	55,635	(70)			16					835,547	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(180,925)											(180,925)	43
44	<b>TOTAL Special Cost Centers</b>	(180,925)											(180,925)	44
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(754,912)	736,894	(94,775)	1,264	(94,204)	(95,987)	(145,118)					(446,838)	45

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Glenview Terrace Property LLC		Building Partnership

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,800,000	Glenview Terrace Property LLC		\$	\$ (1,800,000)	1
2	V	32 Interest Income	1,490				(1,490)	2
3	V	19 Accounting Fees				71,010	71,010	3
4	V	21 Bank Charges				110	110	4
5	V	20 Licenses & Fees				980	980	5
6	V	36 MIP Insurance				73,155	73,155	6
7	V	30 Depreciaton				935,602	935,602	7
8	V	32 Interest Expense				1,021,343	1,021,343	8
9	V	33 Real Estate Taxes				421,487	421,487	9
10	V	31 Loan Amortization Costs				14,697	14,697	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,801,490			\$ 2,538,384	\$ * 736,894	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 DIETARY	\$	ITEX COMPANY	100.00%	\$ 5,174	\$ 5,174
16	V	3 HOUSEKEEPING				14,811	14,811
17	V	5 UTILITIES				4,467	4,467
18	V	6 REPAIRS AND MAINT.				4,774	4,774
19	V	19 PROFESSIONAL FEES				9,271	9,271
20	V	20 FEES, SUBSCRIPTIONS				595	595
21	V	21 CLERICAL AND GENERAL				25,013	25,013
22	V	24 EDUCATION/SEMINARS				390	390
23	V	26 INSURANCE				1,242	1,242
24	V	27 EMPLOYEE BENEFITS				556	556
25	V	30 DEPRECIATION				14,708	14,708
26	V	31 AMORTIZATION				3,138	3,138
27	V	32 INTEREST				21,901	21,901
28	V	33 REAL ESTATE TAXES				9,907	9,907
29	V	35 EQUIPMENT RENTAL				5,981	5,981
30	V						
31	V						
32	V	21 CLERICAL SALARIES				150,418	150,418
33	V	27 GEN ADMIN. - EMP. BEN.				47,104	47,104
34	V						
35	V	19 PROFESSIONAL FEES	414,225				(414,225)
36	V						
37	V						
38	V						
39	Total		\$ 414,225			\$ 319,450	\$ * (94,775)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 64,852	\$ 64,852	15
16	V	19 PROFESSIONAL FEES				426	426	16
17	V	20 FEES, SUBSCRIPTIONS				(812)	(812)	17
18	V	21 CLERICAL AND GENERAL				6,062	6,062	18
19	V	24 SEMINARS				193	193	19
20	V	27 GEN ADMIN.- EMP. BEN.				14,145	14,145	20
21	V	32 INTEREST EXPENSE				(70)	(70)	21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	83,532				(83,532)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 83,532			\$ 84,796	\$ * 1,264	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 52,334	\$ 52,334	15
16	V	19 PROFESSIONAL FEES				1,200	1,200	16
17	V	21 OFFICE				1,285	1,285	17
18	V	27 PAYROLL TAXES				977	977	18
19	V							19
20	V							20
21	V	17 MARVIN NEEDLE-CONS. FEES						21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V	17 MANAGEMENT FEES	150,000				(150,000)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 150,000			\$ 55,796	\$ * (94,204)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 BERNIE HOLLANDER-SAL.	\$	SHAYMARK MANAGEMENT CORP.	100.00%	\$ 49,451	\$ 49,451
16	V	19 PROFESSIONAL FEES				2,088	2,088
17	V	27 PAYROLL TAXES				2,474	2,474
18	V						
19	V						
20	V						
21	V						
22	V	17 MANAGEMENT FEES	150,000				(150,000)
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 150,000			\$ 54,013	\$ * (95,987)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	INTERCARE, LTD. C/O MANAGCARE	100.00%	\$ 4,633	\$ 4,633	15
16	V	19 PROFESSIONAL FEES		INTERCARE, LTD. C/O MANAGCARE	100.00%	62	62	16
17	V	20 FEES, SUBSCRIPTIONS		INTERCARE, LTD. C/O MANAGCARE	100.00%	3	3	17
18	V	21 CLERICAL & GENERAL		INTERCARE, LTD. C/O MANAGCARE	100.00%	9	9	18
19	V	27 EMPLOYEE BENEFITS		INTERCARE, LTD. C/O MANAGCARE	100.00%	159	159	19
20	V	30 DEPRECIATION		INTERCARE, LTD. C/O MANAGCARE	100.00%	16	16	20
21	V							21
22	V	17 MANAGEMENT FEES	150,000	INTERCARE, LTD. C/O MANAGCARE	100.00%		(150,000)	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 150,000			\$ 4,882	\$ * (145,118)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name & ID Number Glenview Terrace Nsg Ctr # 0026237 Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Administrative	18.06%	See Attached	15.00	25.00%	Shaymark	\$ 49,451	17-7	1
2	Yosef Davis	Owner	Administrative	8.24%	See Attached	1.00	1.67%	Intercare	4,633	17-7	2
3	Jack Rajchenbach	Owner	Administrative	9.80%	See Attached	6.00	9.23%	JLR	52,333	17-7	3
4	Mark Hollander	Relative	Administrative	0	See Attached	15.00	25.00%	Sal, Mgmt Fee	186,486	17-1,17-3	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 292,903		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization ITEX COMPANYStreet Address 6633 N. LINCOLN AVE.City / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number ( 847) 679-9141Fax Number ( 847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1 DIETARY	AVAILABLE BED DAYS	466,105	5	\$ 21,664	\$	111,325	\$ 5,174	1
2	3 HOUSEKEEPING	AVAILABLE BED DAYS	466,105	5	62,013		111,325	14,811	2
3	5 UTILITIES	AVAILABLE BED DAYS	466,105	5	18,704		111,325	4,467	3
4	6 REPAIRS AND MAINT.	AVAILABLE BED DAYS	466,105	5	19,989		111,325	4,774	4
5	19 PROFESSIONAL FEES	AVAILABLE BED DAYS	466,105	5	38,816		111,325	9,271	5
6	20 FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	466,105	5	2,490		111,325	595	6
7	21 CLERICAL AND GENERAL	AVAILABLE BED DAYS	466,105	5	104,727		111,325	25,013	7
8	24 EDUCATION/SEMINARS	AVAILABLE BED DAYS	466,105	5	1,632		111,325	390	8
9	26 INSURANCE	AVAILABLE BED DAYS	466,105	5	5,200		111,325	1,242	9
10	27 EMPLOYEE BENEFITS	AVAILABLE BED DAYS	466,105	5	2,327		111,325	556	10
11	30 DEPRECIATION	AVAILABLE BED DAYS	466,105	5	61,580		111,325	14,708	11
12	31 AMORTIZATION	AVAILABLE BED DAYS	466,105	5	13,137		111,325	3,138	12
13	32 INTEREST	AVAILABLE BED DAYS	466,105	5	91,695		111,325	21,901	13
14	33 REAL ESTATE TAXES	AVAILABLE BED DAYS	466,105	5	41,479		111,325	9,907	14
15	35 EQUIPMENT RENTAL	AVAILABLE BED DAYS	466,105	5	25,042		111,325	5,981	15
16									16
17									17
18	21 CLERICAL SALARIES	DIRECT ALLOCATION		5	811,302	811,302		150,418	18
19	27 GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		5	254,060			47,104	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,575,857	\$ 811,302		\$ 319,450	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization CAREPATH HEALTH NETWORKStreet Address 6633 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 888) 707-6700Fax Number ( 847) 679-2150

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 ADMINISTRATIVE	CARE PATH FEES	339,037	13	\$ 263,221	\$ 263,221	83,532	\$ 64,852	1
2	19 PROFESSIONAL FEES	CARE PATH FEES	339,037	13	1,730		83,532	426	2
3	20 FEES, SUBSCRIPTIONS	CARE PATH FEES	339,037	13	(3,296)		83,532	(812)	3
4	21 CLERICAL AND GENERAL	CARE PATH FEES	339,037	13	24,604		83,532	6,062	4
5	24 SEMINARS	CARE PATH FEES	339,037	13	784		83,532	193	5
6	27 GEN ADMIN.- EMP. BEN.	CARE PATH FEES	339,037	13	57,412		83,532	14,145	6
7	32 INTEREST EXPENSE	CARE PATH FEES	339,037	13	(286)		83,532	(70)	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 344,169	\$ 263,221		\$ 84,796	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization JLR MANAGEMENT CORP.Street Address 6633 NORTH LINCOLNCity / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number ( 847) 679-9141Fax Number ( 847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 479,725	\$ 179,725	6	\$ 52,334	1
2	19 PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	11,000		6	1,200	2
3	21 OFFICE	AVG. HOURS WORKED	55	10	11,782	9,614	6	1,285	3
4	27 PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,956		6	977	4
5									5
6									6
7	17 MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 547,759	\$ 189,339		\$ 55,796	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization SHAYMARK MANAGEMENT CORP.Street Address 6633 NORTH LINCOLNCity / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number ( 847) 679-9141Fax Number ( 847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17 BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	47	5	\$ 154,947	\$ 154,947	15	\$ 49,451	1
2	19 PROFESSIONAL FEES	AVG. HOURS WORKED	47	5	6,541		15	2,088	2
3	27 PAYROLL TAXES	AVG. HOURS WORKED	47	5	7,751		15	2,474	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 169,239	\$ 154,947		\$ 54,013	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization INTERCARE, LTD. C/O MANAGCARE  
 Street Address 3553 W. PETERSON AVE. 3RD FLOOR  
 City / State / Zip Code CHICAGO, IL. 60659  
 Phone Number ( 773) 463-1313  
 Fax Number ( 773) 463- 5311

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	AVG. HOURS WORKED	60	6	\$ 278,000	\$ 278,000	1	\$ 4,633
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	60	6	3,705		1	62
3	20	FEES, SUBSCRIPTIONS	AVG. HOURS WORKED	60	6	178		1	3
4	21	CLERICAL & GENERAL	AVG. HOURS WORKED	60	6	528		1	9
5	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	60	6	9,535		1	159
6	30	DEPRECIATION	AVG. HOURS WORKED	60	6	959		1	16
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 292,905	\$ 278,000		\$ 4,882

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	ICF Credit Corporation		X	Telephone System	\$463.00	3/1/01	\$ 24,125	\$ 12,220	2/1/06	5.66%	\$ 1,596	1	
2	HUD		X	Mortgage				14,380,489			1,021,343	2	
3												3	
4												4	
5	See Supplemental Schedule											5	
	Working Capital												
6	Bank One, N.A.		X	Line of Credit				1,800,000			154,792	6	
7	INAC		X	Insurance Financing							13,289	7	
8	See Supplemental Schedule										79,261	8	
9	TOTAL Facility Related				\$463.00		\$ 24,125	\$ 16,192,709			\$ 1,270,281	9	
	B. Non-Facility Related*												
10												10	
11	Interest Income (Bldg Co.)										(1,490)	11	
12	Interest Income										(168,762)	12	
13	See Supplemental Schedule											13	
14	TOTAL Non-Facility Related						\$	\$			\$ (170,252)	14	
15	TOTALS (line 9+line14)						\$ 24,125	\$ 16,192,709			\$ 1,100,029	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 73,155 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8	Allocation from Itex Co.		X				\$	\$			\$ 21,901	8	
9	Allocation from Carepath		X								(70)	9	
10	Bank One		X	Working Capital							43,682	10	
11	Bank One		X	Working Capital							13,748	11	
12												12	
13												13	
14	TOTAL Working Capital										79,261	14	
	B. Non-Facility Related*												
15							\$	\$			\$	15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related											20	

- \* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT
- \*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number **Glenview Terrace Nsg Ctr**# **0026237** Report Period Beginning: **01/01/03** Ending: **12/31/03****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2002 report.			\$ <b>340,721</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$ <b>381,667</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$ <b>40,946</b>	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <b>390,448</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>818</u> For <u>95.96</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ <b>431,394</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1998	<u>265,042</u>	8	
	1999	<u>266,436</u>	9	
	2000	<u>275,207</u>	10	
	2001	<u>324,496</u>	11	
	2002	<u>371,760</u>	12	
<b>2003 Accrual = 2002 Tax \$371,760 x 1.05 = \$390,448</b>				
<b>Real estate tax is not reduced by amount of refund, since refunds do not relate to rate setting years.</b>				
<b>Line 2 includes an allocation from ITEX of \$9,907</b>				
				<b>FOR OHF USE ONLY</b>
13 FROM R. E. TAX STATEMENT FOR 2002 \$				13
14 PLUS APPEAL COST FROM LINE 5 \$				14
15 LESS REFUND FROM LINE 6 \$				15
16 AMOUNT TO USE FOR RATE CALCULATION \$				16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Glenview Terrace Nsg Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-28-401-042-0000</u>	<u>Long Term Care Property</u>	\$ <u>371,760.10</u>	\$ <u>371,760.10</u>
2. <u>10-35-312-022-0000</u>	<u>Central Office</u>	\$ <u>43,387.61</u>	\$ <u>9,906.78</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>415,147.71</u>	\$ <u>381,666.88</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?  X  YES   NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME    Glenview Terrace Nsg Ctr    COUNTY    Cook

FACILITY IDPH LICENSE NUMBER    0026237

CONTACT PERSON REGARDING THIS REPORT    : Steve Lavenda

TELEPHONE    (847) 236-1111    FAX #:    (847) 236-1155

**A.    Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B.    Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?               YES               NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C.    Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A.

Square Feet:

79,000

B. General Construction Type:

Exterior

Brick

Frame

Steel & Concrete

Number of Stories

3

C.

Does the Operating Entity?

☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.

Does the Operating Entity?

☒ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☒ YES
 ☐ NO

If so, please complete the following:

1. Total Amount Incurred:

611,148

2. Number of Years Over Which it is Being Amortized:

20, 48

3. Current Period Amortization:

17,835

4. Dates Incurred:

1988, 2001

Nature of Costs: Allocation from ITEX \$3,138; Glenview Terrace Property - Loan Costs \$14,697

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1978	\$ 167,502	1
2					2
3	TOTALS			\$ 167,502	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number    Glenview Terrace Nsg Ctr

#    0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

**XL OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	305		1978	\$ 2,750,940	\$ 108,719		\$ 68,774	\$ (39,945)	\$ 1,881,807
5			1989	1,453,936	38,401		36,348	(2,053)	515,569
6			2002	4,266,341	109,400		426,435	317,035	712,827
7									
8									
<b>Improvement Type**</b>									
9	Various		1975	28,890		20	-		28,890
10	Various		1977	11,520		20	-		6,484
11	Various		1978	1,209		20	-		1,209
12	Various		1979	4,832		20	-		4,832
13	Various		1980	6,097		20	-		6,097
14	Various		1981	2,004		20	-		1,610
15	Various		1982	6,604		20	-		2,943
16	Various		1983	5,607		20	-		5,607
17	Various		1984	4,233		20	-		4,233
18	Various		1985	10,997		20	440	440	8,532
19	Various		1986	2,080		20	104	104	1,768
20	Various		1987	2,375		20	119	119	1,190
21	Various		1988	4,955		20	248	248	2,951
22	Various		1989	111,464		20	5,574	5,574	74,623
23	Various		1990	98,033		20	4,903	4,903	54,090
24	Various		1991	2,229		20	111	111	1,182
25	Various		1992	3,024		20	151	151	1,606
26	Various		1993	103,239		20	5,163	5,163	55,313
27	Various		1994	23,033		20	1,152	1,152	10,163
28	Various		1995	44,266		20	2,214	2,214	18,633
29	Various		1996	93,171		20	4,659	4,659	35,291
30	Various		1997	102,244		20	3,706	3,706	24,415
31	Various		1998	103,389		20	6,252	6,252	33,665
32	Various		1999	150,958		20	11,569	11,569	54,433
33							-		-
34							-		-
35							-		-
36							-		-

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
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51									51
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53									53
54									54
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56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		470,222	11,320		15,303	3,983	158,211	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)			443,181			(443,181)		68
69	Financial Statement Depreciation								69
70	TOTAL (lines 4 thru 69)		\$ 9,867,892	\$ 711,021		\$ 593,225	\$ (117,796)	\$ 3,708,174	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward		\$ 10,111,941	\$ 711,021		\$ 605,430	\$ (105,591)	\$ 3,741,080		1
2	Toilet Rails	2001	585		20	29	29	86		2
3	Ceiling Tile	2001	689		20	34	34	100		3
4	Toilets & Frames	2001	852		20	43	43	110		4
5	Transmitters	2001	679		20	34	34	96		5
6	Transmitters	2001	657		20	33	33	72		6
7	Locks	2001	529		20	26	26	55		7
8	Ceiling Tile	2001	589		20	29	29	61		8
9	Ceiling Tile	2001	601		20	30	30	63		9
10	Pavement	2001	2,065		20	103	103	301		10
11	Water Coil	2001	685		20	34	34	95		11
12	Ac Compressor	2001	675		20	34	34	91		12
13	Pipe Rerout	2001	660		20	33	33	88		13
14	Ac Compressor	2001	850		20	43	43	103		14
15	Valve Replacement	2001	510		20	26	26	58		15
16	3 Sump Pump Covers	2002	2,500		20	500	500	1,000		16
17	Hot Water Boiler	2002	6,500		20	1,300	1,300	2,600		17
18	Electrical For Laundry	2002	2,240		20	448	448	821		18
19	Arbuties Along Northside/Black Top/Black Dirt	2002	26,550		20	1,770	1,770	2,803		19
20	Plants	2002	11,130		20	742	742	1,175		20
21	Wallpaper/Painting	2002	22,975		20	9,573	9,573	22,975		21
22	9 Cameras, 2 Multiplexer	2002	8,680		20	1,736	1,736	2,604		22
23	5 Outlets 3Rd Floor	2002	640		20	128	128	192		23
24	Landscaping	2002	20,000		20	1,333	1,333	2,556		24
25	Land Improvement	2002	4,500		20	300	300	575		25
26	Land Improvement	2002	9,000		20	600	600	1,150		26
27	Landscaping	2002	10,000		20	667	667	1,333		27
28	Landscaping	2002	20,000		20	1,333	1,333	2,333		28
29	Landscaping	2002	11,735		20	782	782	1,304		29
30	Land Improvement	2002	3,075		20	205	205	342		30
31	Landscaping	2002	11,130		20	742	742	1,113		31
32	Land Improvement	2002	14,478		20	965	965	1,448		32
33	Generator	2002	25,000		20	2,500	2,500	3,750		33
34	TOTAL (lines 1 thru 33)		\$ 10,332,700	\$ 711,021		\$ 631,585	\$ (79,436)	\$ 3,792,533		34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,332,700	\$ 711,021		\$ 631,585	\$ (79,436)	\$ 3,792,533	1
2	Landscaping	2002	30,305		20	2,020	2,020	2,862	2
3	Irrigation System	2002	18,320		20	1,221	1,221	1,730	3
4	Landscaping	2002	14,478		20	965	965	1,448	4
5	Brick Area Front & Back	2002	19,540		20	1,303	1,303	1,845	5
6	Landscaping	2002	18,526		20	1,235	1,235	1,750	6
7	Brick Treatment	2002	4,460		20	297	297	421	7
8	Install 350 Phone Outlets With Jacks	2002	27,500		20	2,750	2,750	4,813	8
9	Smoke Barrier Door	2002	503		20	50	50	96	9
10	Insulation	2002	1,231		20	123	123	236	10
11	Pump	2002	983		20	98	98	197	11
12	Transmitters	2002	657		20	66	66	104	12
13	Roof Ventilator	2002	711		20	71	71	113	13
14	Insulation	2002	591		20	59	59	64	14
15	Pump	2002	585		20	59	59	117	15
16	Phone Wiring	2002	880		20	88	88	176	16
17	Station Wiring	2002	619		20	62	62	119	17
18	Elevator Repair	2002	1,455		20	73	73	146	18
19	Install Fixtures	2002	1,955		20	196	196	375	19
20	Replace Line Taps	2002	868		20	87	87	166	20
21	Repair Cable	2002	965		20	97	97	161	21
22	Paging System	2002	1,240		20	177	177	266	22
23	Recable Extensions	2002	840		20	84	84	105	23
24	A/C Repair	2002	1,144		20	95	95	111	24
25	Rewiring	2002	1,068		20	107	107	116	25
26	Rewire Cable	2002	1,393		20	139	139	163	26
27	Toilet Seats	2002	973		20	49	49	81	27
28	Grab Bars	2002	979		20	49	49	73	28
29	Tissue Roll Holders	2002	965		20	48	48	68	29
30	Rough Carp-Construc	2002	10,000		20	500	500	1,000	30
31	Electrical Construc	2002	10,000		20	500	500	1,000	31
32	Rough Carp-Construc	2002	378,950		20	18,948	18,948	28,421	32
33	Insulation Construc	2002	4,718		20	236	236	354	33
34	TOTAL (lines 1 thru 33)		\$ 10,890,102	\$ 711,021		\$ 663,437	\$ (47,584)	\$ 3,841,230	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,890,102	\$ 711,021		\$ 663,437	\$ (47,584)	\$ 3,841,230	1
2	Roofing-Construction	2002	51,647		20	2,582	2,582	3,874	2
3	Doors-Construction	2002	227,436		20	11,372	11,372	17,058	3
4	Windows-Construc	2002	287,696		20	14,385	14,385	21,577	4
5	Tile Work-Construc	2002	79,820		20	3,991	3,991	5,987	5
6	Flooring-Construc	2002	109,055		20	21,811	21,811	32,717	6
7	Paint-Construction	2002	27,710		20	1,386	1,386	2,078	7
8	Painting-Construc	2002	377,000		20	18,850	18,850	28,275	8
9	Heating-Construction	2002	220,000		20	11,000	11,000	16,500	9
10	Air Cond-Construc	2002	207,500		20	10,375	10,375	15,563	10
11	Electrical-Construc	2002	355,000		20	17,750	17,750	26,625	11
12	Site Utilities-Constr	2002	20,000		20	1,333	1,333	2,667	12
13	Site Utilities-Constr	2002	15,500		20	1,033	1,033	1,550	13
14	Road & Walks-Const	2002	60,400		20	4,027	4,027	6,040	14
15	Lawns-Construc	2002	6,000		20	400	400	800	15
16	Lawns-Construc	2002	4,000		20	267	267	400	16
17	Earth Work-Construc	2002	183,000		20	12,200	12,200	24,400	17
18	Earth Work-Construc	2002	182,778		20	12,185	12,185	18,278	18
19	Doors-Construction	2002	13,379		20	669	669	1,003	19
20	Glass Construction	2002	5,570		20	279	279	418	20
21	Flooring-Construc	2002	6,415		20	321	321	481	21
22	Paint-Construction	2002	1,630		20	82	82	122	22
23	Blinds,Shades Etc.-Construc	2002	6,960		20	696	696	1,044	23
24	Doors-Construc	2002	5,351		20	268	268	401	24
25	Windows-Construc	2002	26,290		20	1,315	1,315	1,972	25
26	Flooring-Construc	2002	2,566		20	128	128	192	26
27	Paint-Construction	2002	652		20	33	33	49	27
28	Plumbing-Construc	2002	87,000		20	4,350	4,350	6,525	28
29	Blinds,Shades Etc.	2002	2,320		20	232	232	348	29
30	Landscape-Construc	2002	500		20	33	33	67	30
31	Site Utilities-Construc	2002	10,549		20	703	703	1,407	31
32	Elevators-Construc	2002	31,655		20	1,583	1,583	3,166	32
33	Finish Carp-Const	2002	38,000		20	1,900	1,900	2,850	33
34	TOTAL (lines 1 thru 33)		\$ 13,543,481	\$ 711,021		\$ 820,976	\$ 109,955	\$ 4,085,664	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,543,481	\$ 711,021		\$ 820,976	\$ 109,955	\$ 4,085,664	1
2	Elevator	2002	2,500		20	125	125	250	2
3	Elevator #2	2002	5,985		20	299	299	599	3
4	Elevator #3	2002	16,387		20	819	819	1,570	4
5	Elevator #1	2002	19,950		20	998	998	1,912	5
6	Phone System For Elevator #3	2002	889		20	44	44	85	6
7	Flooring	2002	19,169		20	1,278	1,278	2,449	7
8	Removal Of Old Ceiling-3Rd Fl/Installation Of New Ceiling	2002	3,640		20	182	182	334	8
9	Electric Work Done To Elevators	2002	10,221		20	511	511	980	9
10	Remaining Bal Due For Elevator #3	2002	6,758		20	338	338	619	10
11	Flooring	2002	15,626		20	1,042	1,042	1,823	11
12	Flooring	2002	227,640		20	15,176	15,176	26,558	12
13	Phone Work	2002	1,814		20	91	91	151	13
14	Tile In Lobby,Corridor & Tcu Lobby	2002	27,000		20	1,350	1,350	2,138	14
15	Day Room Flooring	2002	11,175		20	745	745	1,118	15
16	Patient Room/Cor.Flooring	2002	22,207		20	1,480	1,480	2,221	16
17	Flooring 2 East	2002	29,505		20	1,967	1,967	2,951	17
18	Flooring/West Wing	2002	1,750		20	117	117	156	18
19	Flooring	2002	3,815		20	254	254	318	19
20	Floors	2002	8,350		20	557	557	835	20
21	Floors	2002	4,898		20	327	327	435	21
22	Fencing	2002	1,995		20	100	100	108	22
23	Corridor Lights	2002	33,365		20	3,337	3,337	6,395	23
24	Lighting	2002	1,417		20	142	142	283	24
25	Lighting	2002	1,636		20	164	164	327	25
26	Wallcovering 2Nd Fl	2002	7,149		20	596	596	7,149	26
27	Carpet Admissions Office & Barb'S Office	2002	1,433		20	143	143	275	27
28	Spool Border	2002	2,364		20			2,364	28
29	Drapery Admissions/Office	2002	1,073		20	107	107	197	29
30	Drapery	2002	1,224		20	122	122	224	30
31	Bathroom Fixtures	2002	8,304		20	1,661	1,661	3,045	31
32	10 X 12 Ivory Sign W/Digital Print	2002	2,078		20	416	416	762	32
33	Lighting	2002	2,509		20	251	251	439	33
34	TOTAL (lines 1 thru 33)		\$ 14,047,307	\$ 711,021		\$ 855,715	\$ 144,694	\$ 4,154,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## STATE OF ILLINOIS

Page 12G

Facility Name &amp; ID Number    Glenview Terrace Nsg Ctr

#    0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 14,047,307	\$ 711,021		\$ 855,715	\$ 144,694	\$ 4,154,734	1
2	Lighting	2002	3,449		20	345	345	604	2
3	Lighting	2002	6,277		20	628	628	1,098	3
4	Carpet-Corridor	2002	4,184		20	418	418	697	4
5	Additional Wallcovering	2002	916		20	305	305	916	5
6	Cubicle Track Sets	2002	6,186		20	1,237	1,237	2,062	6
7	Cubicle Track Set	2002	1,223		20	245	245	408	7
8	Cubicle Curtains	2002	2,876		20	575	575	959	8
9	Lighting	2002	1,931		20	193	193	322	9
10	Lighting	2002	2,946		20	295	295	491	10
11	Lighting	2002	728		20	73	73	121	11
12	Galvanized Chain Link	2002	1,895		20	126	126	211	12
13	2Nd Fl Corridor Wallcovering	2002	8,950		20	3,729	3,729	8,950	13
14	1St Fr Corridor Wallcovering	2002	7,691		20	3,205	3,205	7,691	14
15	Wallcovering	2002	4,045		20	1,685	1,685	4,045	15
16	Wallcovering	2002	18,364		20	7,652	7,652	18,364	16
17	Wallcovering-Pavillions	2002	4,619		20	1,925	1,925	4,619	17
18	2Nd Fl Draperv	2002	1,191		20	119	119	189	18
19	Suites Wallcovering	2002	2,996		20	599	599	899	19
20	Fixtures	2002	1,075		20	108	108	161	20
21	Fixtures	2002	739		20	74	74	111	21
22	Fixtures	2002	1,671		20	167	167	237	22
23	Fixtures	2002	2,301		20	230	230	326	23
24	Signage	2002	1,173		20	78	78	111	24
25	Dayroom Flooring	2002	6,835		20	456	456	608	25
26	Patiens/Cor.Flooring	2002	23,360		20	1,557	1,557	2,076	26
27	Signage	2002	3,681		20	245	245	348	27
28	Wallcovering	2002	618		20	124	124	175	28
29	Bathroom Grab Bars	2002	2,049		20	410	410	581	29
30	Signage	2002	5,293		20	353	353	470	30
31	Carpeting	2002	8,647		20	865	865	1,153	31
32	Light Fixtures	2002	1,528		20	153	153	191	32
33	Fence	2002	3,688		20	246	246	307	33
34	TOTAL (lines 1 thru 33)		\$ 14,190,432	\$ 711,021		\$ 884,135	\$ 173,114	\$ 4,214,235	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,190,432	\$ 711,021		\$ 884,135	\$ 173,114	\$ 4,214,235	1
2	Resident Room Signs	2002	4,126		20	413	413	550	2
3	Fixtures	2002	33,397		20	3,340	3,340	4,731	3
4	Window Treatments	2002	8,265		20	827	827	1,102	4
5	Carpet	2002	9,042		20	1,292	1,292	1,722	5
6	Irrigation System	2002	3,300		20	165	165	206	6
7	Can Lights For Ceiling	2002	28,696		20	2,870	2,870	3,109	7
8	Carpeting	2002	264		20	38	38	50	8
9	Cubicle Curtains	2002	288		20	29	29	36	9
10	Wallpaper	2002	9,962		20	7,472	7,472	9,962	10
11	Wallpaper	2002	8,169		20	6,127	6,127	8,169	11
12	Window Treatments	2002	1,584		20	158	158	198	12
13	Wallpaper	2002	4,864		20	4,053	4,053	4,864	13
14	Carpeting	2002	683		20	98	98	114	14
15	Carpeting	2002	25,761		20	3,680	3,680	4,294	15
16	Carpeting	2002	13,679		20	1,954	1,954	2,280	16
17	West Addition	2002	4,900		20	245	245	327	17
18	Day Rooms	2002	5,318		20	266	266	332	18
19	Bathroom Tile	2002	2,600		20	130	130	152	19
20	Install Day Room Floor	2002	13,825		20	691	691	806	20
21	Window Treatments, Cubicle Curtains	2002	24,499		20	2,450	2,450	2,858	21
22	Flooring	2002	28,663		20	1,911	1,911	2,070	22
23	Exterior Signage	2002	10,896		20	1,090	1,090	1,271	23
24	Light Fixtures	2002	2,575		20	515	515	601	24
25	Light Fixtures	2002	993		20	199	199	232	25
26	Light Fixtures	2002	574		20	115	115	134	26
27	Light Fixtures	2002	6,033		20	1,207	1,207	1,408	27
28	Light Fixtures	2002	1,255		20	251	251	272	28
29	Light Fixtures	2002	278		20	56	56	60	29
30	Light Fixtures	2002	1,365		20	273	273	296	30
31	Light Fixtures	2002	307		20	61	61	66	31
32	Window Treatments	2002	579		20	58	58	63	32
33	Cubicle Curtains	2002	605		20	60	60	66	33
34	TOTAL (lines 1 thru 33)		\$ 14,447,777	\$ 711,021		\$ 926,229	\$ 215,208	\$ 4,266,636	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number    Glenview Terrace Nsg Ctr

#    0026237

Report Period Beginning:

01/01/03

Ending:

12/31/03

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 14,447,777	\$ 711,021		\$ 926,229	\$ 215,208	\$ 4,266,636	1
2	Wall Covering	2002	6,334		20	5,806	5,806	6,334	2
3	Window Treatments	2002	607		20	61	61	66	3
4	Window Treatments	2002	2,163		20	216	216	234	4
5	Wood Work	2002	29,800		20	1,490	1,490	2,111	5
6	Balance Of Piazza	2002	3,815		20	191	191	238	6
7	Additional Renovation Per 6/30/03 Capital Report	2002	1,258,094		20	62,905	62,905	62,905	7
8	Heaters	2003	2,016		20	154	154	154	8
9	Ewing Doherty	2003	1,359		20	102	102	102	9
10	Fountain	2003	2,354		20	78	78	78	10
11	Fountain	2003	3,268		20	109	109	109	11
12	Elevator	2003	2,621		20	109	109	109	12
13	Cubicle Curtains	2003	6,240		20	6,240	6,240	6,240	13
14	Wood Work	2003	72,210		20	3,611	3,611	3,611	14
15	Fabric	2003	3,886		20	777	777	777	15
16	Wall Tile	2003	8,614		20	574	574	574	16
17	Electrical Work	2003	605		20	30	30	30	17
18	Electrical Work	2003	435		20	22	22	22	18
19	Flooring	2003	17,930		20	1,195	1,195	1,195	19
20	Electrical Work	2003	4,635		20	232	232	232	20
21	Carpet	2003	2,084		20	298	298	298	21
22	Paint Murals	2003	2,200		20	220	220	220	22
23	Paint Murals	2003	4,400		20	440	440	440	23
24	Window Treatments	2003	4,307		20	431	431	431	24
25	Wall Covering	2003	2,869		20	2,869	2,869	2,869	25
26	Flooring	2003	6,088		20	406	406	406	26
27	Flooring	2003	2,095		20	140	140	140	27
28	Flooring	2003	17,800		20	1,187	1,187	1,187	28
29	Wall Covering	2003	3,469		20	3,469	3,469	3,469	29
30	Install Tile	2003	9,754		20	650	650	650	30
31	Exit Sign	2003	73		20	10	10	10	31
32	Light Fixtures	2003	1,017		20	93	93	93	32
33	Wood Storage	2003	450		20	83	83	83	33
34	TOTAL (lines 1 thru 33)		\$ 15,931,369	\$ 711,021		\$ 1,020,427	\$ 309,406	\$ 4,362,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 15,931,369	\$ 711,021		\$ 1,020,427	\$ 309,406	\$ 4,362,053	1
2	Lighting	2003	19		20	3	3	3	2
3	Electrical Work	2003	2,157		20	99	99	99	3
4	Wall Covering	2003	4,770		20	4,373	4,373	4,373	4
5	Construction Surveying	2003	2,396		20	110	110	110	5
6	Ceiling Fan	2003	222		20	41	41	41	6
7	Window Treatments	2003	553		20	51	51	51	7
8	Ghrp Bars	2003	4,415		20	809	809	809	8
9	Light Fixtures	2003	298		20	55	55	55	9
10	Light Fixtures	2003	1,518		20	278	278	278	10
11	Light Fixtures	2003	1,558		20	286	286	286	11
12	Light Fixtures	2003	273		20	50	50	50	12
13	Light Fixtures	2003	4,378		20	803	803	803	13
14	Flooring	2003	19,230		20	1,175	1,175	1,175	14
15	Wall Tile	2003	1,279		20	78	78	78	15
16	Tile	2003	13,371		20	817	817	817	16
17	Window Treatment	2003	1,943		20	178	178	178	17
18	Cubicle Curtains	2003	6,194		20	516	516	516	18
19	Window Treatments	2003	4,307		20	359	359	359	19
20	Window Treatments	2003	985		20	82	82	82	20
21	Wall Covering	2003	17,762		20	14,802	14,802	14,802	21
22	Flooring	2003	19,664		20	1,092	1,092	1,092	22
23	Flooring	2003	20,000		20	1,111	1,111	1,111	23
24	Flooring	2003	1,310		20	73	73	73	24
25	Flooring	2003	4,016		20	223	223	223	25
26	Flooring	2003	930		20	52	52	52	26
27	Flooring	2003	8,921		20	496	496	496	27
28	Window Coverings	2003	941		20	78	78	78	28
29	Window Coverings	2003	3,844		20	320	320	320	29
30	Cubicle Tracks	2003	666		20	50	50	50	30
31	Window Treatments	2003	1,818		20	136	136	136	31
32	Dining Window Treatment	2003	4,665		20	350	350	350	32
33	Library Window Treatment	2003	1,355		20	102	102	102	33
34	TOTAL (lines 1 thru 33)		\$ 16,087,127	\$ 711,021		\$ 1,049,475	\$ 338,454	\$ 4,391,101	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12J, Carried Forward		\$ 16,087,127	\$ 711,021		\$ 1,049,475	\$ 338,454	\$ 4,391,101		1
2	Wood Work	2003	45,722		20	1,715	1,715	1,715		2
3	Floor Covering	2003	4,966		20	532	532	532		3
4	Wall Covering	2003	2,266		20	1,700	1,700	1,700		4
5	Landscape	2003	1,800		20	80	80	80		5
6	Flowers	2003	1,000		20	44	44	44		6
7	Carpet Install	2003	858		20	82	82	82		7
8	Light Fixtures	2003	6,189		20	825	825	825		8
9	Wall Torch	2003	143		20	10	10	10		9
10	Wall Sconce	2003	651		20	43	43	43		10
11	Light Fixtures	2003	4,091		20	545	545	545		11
12	Bathroom Tile	2003	4,550		20	202	202	202		12
13	Tapestry	2003	2,220		20	148	148	148		13
14	Extra Cabinets	2003	1,000		20	29	29	29		14
15	Fence In Patio Area	2003	5,157		20	201	201	201		15
16	Extended Builders Risk Coverage	2003	1,892		20	55	55	55		16
17	Flowers	2003	1,770		20	69	69	69		17
18	New Cabinet Fixtures	2003	2,000		20	233	233	233		18
19	Trees	2003	1,250		20	49	49	49		19
20	Shrubery	2003	2,345		20	91	91	91		20
21	Edging Around Pond	2003	2,700		20	105	105	105		21
22	Electrical Work	2003	5,065		20	148	148	148		22
23	Trees	2003	6,598		20	257	257	257		23
24	Sodd	2003	2,300		20	89	89	89		24
25	Construction	2003	3,500		20	136	136	136		25
26	Shrubery	2003	3,100		20	103	103	103		26
27	Trees	2003	7,745		20	258	258	258		27
28	Wood Work	2003	25,354		20	634	634	634		28
29	Painting	2003	15,000		20	375	375	375		29
30	Patient Rooms/Corridors	2003	26,274		20	657	657	657		30
31	Deposit For Tub Rooms	2003	9,630		20	241	241	241		31
32	Flowers	2003	8,162		20	272	272	272		32
33	Painting	2003	13,000		20	758	758	758		33
34	TOTAL (lines 1 thru 33)		\$ 16,305,425	\$ 711,021		\$ 1,060,161	\$ 349,140	\$ 4,401,787		34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued) B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.										
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
4					\$	\$		\$	\$	\$
5										
6										
7										
8										
9	Improvement Type**									
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
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26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-BLDG, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)												
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.												
	1		2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4	ITEX		1993		\$ 383,114	\$ 9,824	35	\$ 10,946	\$ 1,122	\$ 115,845	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Allocation from Itex - A.K. Care			1993	48,207	582	20	2,411	1,829	25,806	9	
10	Allocation from Itex - A.K. Care			1994	25,893	674	20	1,295	621	12,016	10	
11	Allocation from Itex - A.K. Care			1995	4,413	12	20	221	209	1,809	11	
12	Allocation from Itex - A.K. Care			1996	250	3	20	13	(10)	100	12	
13	Allocation from Itex - A.K. Care			1997	7,444	191	20	372	181	2,419	13	
14	Allocation from Itex - A.K. Care			1999	827	21	20	41	20	207	14	
15											15	
16	Allocation from Inter Care Ltd.			2001	74	13	20	4	(9)	9	16	
17											17	
18											18	
19											19	
20											20	
21											21	
22											22	
23											23	
24											24	
25											25	
26											26	
27											27	
28											28	
29											29	
30											30	
31											31	
32											32	
33											33	
34											34	
35											35	
36											36	

\*Total beds on this schedule must agree with page 2.
 See Page 12A-REP, Line 70 for total

\*\*Improvement type must be detailed in order for the cost report to be considered complete.
 SEE ACCOUNTANTS' COMPILATION REPORT

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
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59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 470,222	\$ 11,320		\$ 15,303	\$ 3,963	\$ 158,211	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,797,188	\$ 253,045	\$ 166,910	\$ (86,135)	10	\$ 1,007,573	71
72	Current Year Purchases	576,090	82,235	65,812	(16,423)	10	65,812	72
73	Fully Depreciated Assets	706,411				10	706,411	73
74								74
75	TOTALS	\$ 3,079,689	\$ 335,280	\$ 232,722	\$ (102,558)		\$ 1,779,796	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		1992-FORD VAN	1992	\$ 24,679	\$ 1,575		\$ (1,575)	5	\$ 19,260	76
77		DODGE 96 RAM WAGON	1996	26,400	1,775		(1,775)	5	14,900	77
78		1998 DODGE / CHEVY EXPRES	1998	48,756	7,485	8,874	1,389	5	35,421	78
79		LANDCRUISER	1999	25,000	802	5,000	4,198	5	18,643	79
80	TOTALS			\$ 124,835	\$ 11,637	\$ 13,874	\$ 2,237		\$ 88,224	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 20,960,963	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 346,917	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,353,038	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 295,100	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,316,088	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	EXCESS AUTO COST - 1999	\$ 30,318	\$ 973	\$ 7,980	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 30,318	\$ 973	\$ 7,980	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease                     .

9. Option to Buy: ☐ YES ☐ NO Terms:                                     \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 17,768

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrator	2002 Acura	\$ 832.00	\$ 10,082	17
18				(10,082)	18
19	Facility	2004 Ford Econoline	547.44	547	19
20					20
21	TOTAL		\$ 1,379.44	\$ 547	21

10. Effective dates of current rental agreement:

Beginning                     

Ending                     

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.                      /2004 \$                     

13.                      /2005 \$                     

14.                      /2006 \$                     

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

**A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)**

<b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<b>2. CLASSROOM PORTION:</b>  IN-HOUSE PROGRAM <input type="checkbox"/>  IN OTHER FACILITY <input type="checkbox"/>  COMMUNITY COLLEGE <input type="checkbox"/>  HOURS PER AIDE _____	<b>3. CLINICAL PORTION:</b>  IN-HOUSE PROGRAM <input type="checkbox"/>  IN OTHER FACILITY <input type="checkbox"/>  HOURS PER AIDE _____
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		1		2		3	4
		Facility					
		Drop-outs	Completed	Contract	Total		
1	Community College Tuition	\$	\$	\$	\$		
2	Books and Supplies						
3	Classroom Wages (a)						
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	Nurse Aide Competency Tests						
9	TOTALS	\$	\$	\$	\$		
10	SUM OF line 9, col. 1 and 2 (e)	\$					

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training aides from other facilities.

\$ \_\_\_\_\_

**D. NUMBER OF AIDES TRAINED**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
 (c) For in-house training programs only. Do not include fringe benefits.  
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
**SEE ACCOUNTANTS' COMPILATION REPORT**

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 146,529		\$			\$ 146,529	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	18,718					18,718	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	250,424			38,161		288,585	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				539,770		539,770	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			74,930			50,210		125,140	13
14	TOTAL			\$ 490,601		\$	\$ 628,141		\$ 1,118,742	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 12,186	\$ 212,723	1
2	Cash-Patient Deposits	26,106	26,106	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,496,449	2,496,449	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	444,119	467,466	6
7	Other Prepaid Expenses	17,999	17,999	7
8	Accounts Receivable (owners or related parties)	1,265,649	4	8
9	Other(specify): <a href="#">See Attached Schedule</a>	97,452	248,567	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,359,960	\$ 3,469,314	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		8,895,770	14
15	Leasehold Improvements, at Historical Cost	353,233	7,905,974	15
16	Equipment, at Historical Cost	655,908	3,948,141	16
17	Accumulated Depreciation (book methods)	(251,786)	(6,834,975)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached Schedule</a>	475,491	1,063,327	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,232,846	\$ 15,177,057	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 5,592,806	\$ 18,646,371	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,448,605	\$ 3,656,578	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	31,427	31,427	28
29	Short-Term Notes Payable	1,805,041	1,805,041	29
30	Accrued Salaries Payable	551,334	551,334	30
31	Accrued Taxes Payable (excluding real estate taxes)	48,961	48,961	31
32	Accrued Real Estate Taxes(Sch.IX-B)		390,448	32
33	Accrued Interest Payable	6,381	182,507	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<a href="#">See Attached Schedule</a>	654,325	654,325	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 5,546,074	\$ 7,320,621	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	7,179	7,179	39
40	Mortgage Payable		14,380,489	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<a href="#">See Attached Schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 7,179	\$ 14,387,668	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 5,553,253	\$ 21,708,289	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 39,553	\$ (3,061,918)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 5,592,806	\$ 18,646,371	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,474,689</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Rounding</b>	<b>5</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,474,694</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(2,135,718)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Advances to General Partners and Other</b>	<b>(2,299,423)</b>	<b>15</b>
<b>16</b>	Other (describe) <b>Affiliated Entities</b>		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(4,435,141)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>39,553</b>	<b>24 *</b>

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 12,417,756	1
2	Discounts and Allowances for all Levels	(1,835,613)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,582,143	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,340,674	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,340,674	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants	10,000	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	216	14
15	Telephone, Television and Radio	16	15
16	Rental of Facility Space		16
17	Sale of Drugs	657,548	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	113,522	19
20	Radiology and X-Ray		20
21	Other Medical Services	29,671	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 810,973	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	168,762	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 168,762	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	19,835	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 19,835	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,922,387	30

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	2,461,599	31
32	Health Care	5,804,913	32
33	General Administration	4,165,454	33
	<b>B. Capital Expense</b>		
34	Ownership	2,158,219	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,300,932	35
36	Provider Participation Fee	166,988	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,058,105	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,135,718)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,135,718)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not complete If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Glenview Terrace Nsg Ctr# 0026237Report Period Beginning: 01/01/03Ending: 12/31/03

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,060	2,452	\$ 131,994	\$ 53.83	1
2	Assistant Director of Nursing	399	417	12,652	30.34	2
3	Registered Nurses	52,019	57,881	1,381,842	23.87	3
4	Licensed Practical Nurses	14,815	17,067	380,554	22.30	4
5	Nurse Aides & Orderlies	217,090	231,968	2,285,829	9.85	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	13,758	20,169	490,601	24.32	7
8	Rehab/Therapy Aides	21,733	23,698	466,112	19.67	8
9	Activity Director	1,764	2,028	30,628	15.10	9
10	Activity Assistants	28,469	30,284	251,106	8.29	10
11	Social Service Workers	21,016	23,254	380,278	16.35	11
12	Dietician					12
13	Food Service Supervisor	1,813	2,086	54,032	25.90	13
14	Head Cook	4,067	4,614	50,494	10.94	14
15	Cook Helpers/Assistants	35,702	38,192	326,662	8.55	15
16	Dishwashers					16
17	Maintenance Workers	12,846	13,877	158,594	11.43	17
18	Housekeepers	55,644	59,402	442,512	7.45	18
19	Laundry	24,081	26,122	213,301	8.17	19
20	Administrator	1,909	2,130	118,226	55.51	20
21	Assistant Administrator	2,082	2,278	55,601	24.41	21
22	Other Administrative	1,083	1,083	123,816	114.33	22
23	Office Manager	2,120	2,447	51,113	20.89	23
24	Clerical	9,325	10,295	151,918	14.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,512	2,833	39,863	14.07	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	8,182	8,908	168,887	18.96	33
34	TOTAL (lines 1 - 33)	534,489	583,485	\$ 7,766,615 *	\$ 13.31	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 7,260	01-03	35
36	Medical Director	monthly	82,000	09-03	36
37	Medical Records Consultant	monthly	4,128	10-03	37
38	Nurse Consultant	monthly	23,303	10-03	38
39	Pharmacist Consultant	monthly	6,498	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	monthly	2,548	11-03	44
45	Social Service Consultant	monthly	2,400	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 128,137		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	149	\$ 6,018	10-03	50
51	Licensed Practical Nurses	1,123	45,445	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,272	\$ 51,463		53

SEE ACCOUNTANTS' COMPILATION REPORT

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg Ctr

STATE OF ILLINOIS

# 0026237

Report Period Beginning:

01/01/03

Ending:

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12/31/03

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$16,461
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 11,978 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? X YES \_\_\_\_\_ NO \_\_\_\_\_
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 166,988  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 82,344 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 216
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.